

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | USE OF CREATINE OR CREATINE ANALOGS FOR THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM |
| Attorney Docket Number:: | AVZ-001CPUSCN |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|----------------------------------|----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Rima |
| Family Name:: | Kaddurah-Daouk |
| City of Residence:: | Belmont |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 4 Ross Road |
| City of mailing address:: | Belmont |

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02478

Applicant Authority Type:: Inventor
Status:: Full Capacity
Primary Citizenship Country:: Lebanon
Given Name:: Ghaleb
Family Name:: Daouk
City of Residence:: Belmont
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 4 Ross Road
City of mailing address:: Belmont
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02178

Applicant Authority Type:: Inventor
Status:: Full Capacity
Primary Citizenship Country:: US
Given Name:: M.
Middle Name:: Flint
Family Name:: Beal
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 329 E. 65th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10021

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Continuation of | 08/853174 | 05/07/97 |
| 08/853174 | National Stage of | PCT/US95/14567 | 11/07/95 |
| PCT/US95/14567 | Continuation of | 08/336388 | 11/08/94 |

Assignee Information

Assignee name:: AVICENA GROUP, INC.
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State or Province of mailing address:: CA
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Assignee name:: The General Hospital Corporation
Street of mailing address:: 13th Street, Building 149, Suite 5036
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